pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

TRO4-BOST

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			. //			· · · · · · · · · · · · · · · · · · ·		RATE	FEE	· · ·	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∠ minus 3 =		* /		l	X40=	40	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRE			RESENT					+135=	, ,	OR	+270=	
* If the difference in column 1 is less tha				nan zero, enter "0" in co		olumn 2		TOTAL	395	OR	TOTAL	
	CI	MENDED	IENDED - PART II				•			OTHER	THAN	
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colu		(Column 3)		SMALL E	ENTITY	OR	SMALL	NTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
L	FIRST PRESE	NIATION OF M	ULTIPLE DE	EINDEIN	CLAIM	·	ا د	+135=		OR	+270=	
							•	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		•	ADDIT. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-	↓ I	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	I CLAIM		1	+135=		OR	+270=	
			•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDI1: 1 CC		-	7,0011.122	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ,	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	4	X40=		OR	X80=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
"	The "Highest Nur	umber Previously Pa mber Previously Pa	aid For" (Total o	or Indepen	. เธ เษรร เก dent) is th	e highest numb	er fo	und in the ap	propriate bo	x in co	olumn 1.	